

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	
First Named Inventor	Foster, et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHIBITION OF SECRETION FROM NON-NEURONAL CELLS

the specification of which

(*Title of the Invention*)

is attached hereto
OR

was filed on (MM/DD/YYYY) 03/20/2002 as United States Application Number or PCT International

Application Number 10/088,665 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application (Numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES NO
PCT/GB00/03681 9922558.3	PCT GB	09/25/2000 09/23/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

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+

DECLARATION - Utility or Design Patent Application

4 AUG 2002

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/03681	9/25/2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number

OR

Registered practitioner's name/registration number listed below

0000 26712



Place Customer Number Bar Code Label Here

Name	Registration Number	Name	Registration Number
Ranjana Kadle	<u>40,041</u>	R. Kent Roberts	<u>40,786</u>
John M. Del Vecchio	<u>42,475</u>	Michael F. Scalise	<u>34,920</u>
Martin G. Linihan	<u>24,926</u>	Patrick J. Tracy	<u>42,187</u>
Kevin D. McCarthy	<u>35,278</u>	Daniel C. Oliverio	<u>33,435</u>
David L. Principe	<u>39,336</u>	Edwin T. Bean, Jr.	<u>16,639</u>

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	<u>Ranjana Kadle</u>					
Address	<u>Hodgson Russ LLP</u>					
Address	<u>One M&T Plaza, Suite 2000</u>					
City	<u>Buffalo</u>	State	<u>New York</u>	ZIP	<u>14203-2391</u>	
Country	United States	Telephone	<u>(716) 856-4000</u>		Fax	<u>(716) 849-0349</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname		
<u>Keith Alan</u>		<u>Foster</u>		

Inventor's Signature					Date	
Residence: City	<u>Salisbury</u>	State	<u>Wiltshire</u>	Country	GB <u>GBU</u>	Citizenship GB

Post Office Address	<u>The Croft, Southampton Road, Whaddon</u>					
Post Office Address						

City	<u>Salisbury</u>	State	<u>Wiltshire</u>	ZIP	<u>SP5 3DX</u>	Country	GB
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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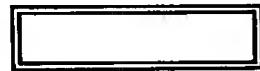
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Registered practitioner's name/registration number listed below



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City	Buffalo	State	New York	ZIP	14203-2391
Country	United States	Telephone	(716) 856-4000	Fax	(716) 849-0349

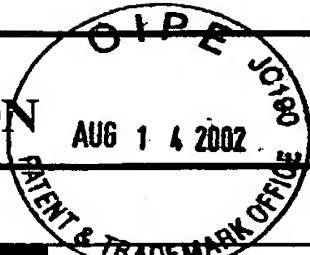
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Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
<u>Keith Alan</u>		<u>Foster</u>					
Inventor's Signature						Date	<u>27/05/02</u>
Residence: City	Salisbury	State	Wiltshire	Country	GB	Citizenship	GB
Post Office Address	The Croft, Southampton Road, Whaddon						
Post Office Address							
City	Salisbury	State	Wiltshire	ZIP	SP5 3DX	Country	GB

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John Andrew

Chaddock

Inventor's Signature**Date**

25/06/02

Residence: City

Salisbury

State

Wiltshire

Country

GB

Citizenship

GB

Post Office Address

43 Bouchers Way

GB

Post. Office Address**City** Salisbury **State** **Wiltshire** **ZIP** SP2 8RW **Country** GB**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Conrad Padraig

Quinn

Inventor's Signature**Date****Residence: City**

Lilburn

State

GA

Country

USA

Citizenship

GB

Post Office Address

4986 Fox Forest Drive

Post Office Address**City** Lilburn **State** **GA** **ZIP** 30047 **Country** USA**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John Robert

Purkiss

Inventor's Signature**Date****Residence: City**

Southampton

State

Country

GB

Citizenship

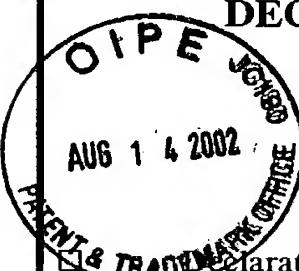
GB

Post Office Address

Immunopharmacology Group, Southampton General Hospital

Post Office Address**City** Southampton **State** **ZIP** SO16 6YD **Country** GB

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)



Declaration
Submitted
with Initial
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(37 CFR 1.16(e))
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		<input type="checkbox"/>

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O I P E
AUG 14 2002
P A T E N T & T R A D E M A R K O F F I C E

ADDITIONAL INVENTOR(S)
Supplemental Sheet
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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John Andrew

Chaddock

Inventor's Signature

Date

Residence: City

Salisbury

State

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Citizenship

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SP2 8RW

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Conrad Padraig

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Inventor's Signature

Date

1st July 02

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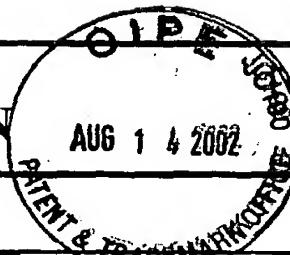
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Address	One M&T Plaza, Suite 2000				
City	Buffalo	State	New York	ZIP	14203-2391
Country	United States	Telephone	(716) 856-4000		Fax (716) 849-0349

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Keith Alan				Foster				
Inventor's Signature							Date	
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